



**Waste Management Division**

## Solid Waste Incinerator Inspection Form

A. GENERAL INFORMATION
FACILITY NAME:
PERMITTEE NAME:
PERMIT #:
PERMIT TYPE: <input type="checkbox"/> Standard <input type="checkbox"/> Permit-by-Notification <input type="checkbox"/> Other: _____
FACILITY TYPE: <input type="checkbox"/> Incinerator <input type="checkbox"/> Demolition Debris <input type="checkbox"/> Compost <input type="checkbox"/> Medical Waste <input type="checkbox"/> Other: _____
FACILITY LOCATION:
DATE OF INSPECTION:
NATURE OF INSPECTION: <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Requested <input type="checkbox"/> Complaint
INSPECTOR:
FACILITY CONTACT:
HAS AN ADMINISTRATIVE ORDER BEEN ISSUED TO THE FACILITY: <input type="checkbox"/> Yes <input type="checkbox"/> No
ADMINISTRATIVE ORDER(S) #:
STATUS OF ADMINISTRATIVE ORDER(S):

B. WASTE TYPES MANAGED	
(1)	Waste types managed at the facility [Yes = <input checked="" type="checkbox"/> ; No = <input type="checkbox"/>  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> MSW</div> <div style="width: 33%;"><input type="checkbox"/> contaminated soil</div> <div style="width: 33%;"><input type="checkbox"/> C&amp;D</div> <div style="width: 33%;"><input type="checkbox"/> food</div> <div style="width: 33%;"><input type="checkbox"/> regulated medical</div> <div style="width: 33%;"><input type="checkbox"/> metal</div> <div style="width: 33%;"><input type="checkbox"/> tires</div> <div style="width: 33%;"><input type="checkbox"/> certified waste derived products</div> <div style="width: 33%;"><input type="checkbox"/> ash</div> <div style="width: 33%;"><input type="checkbox"/> other: _____</div> </div>
(2)	Does the facility generate any of the following as bypass waste(s)? [Yes = <input checked="" type="checkbox"/> ; No = <input type="checkbox"/>  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> asbestos</div> <div style="width: 33%;"><input type="checkbox"/> electronics</div> <div style="width: 33%;"><input type="checkbox"/> fluorescent bulbs</div> <div style="width: 33%;"><input type="checkbox"/> batteries</div> <div style="width: 33%;"><input type="checkbox"/> motor oil</div> <div style="width: 33%;"><input type="checkbox"/> antifreeze</div> <div style="width: 33%;"><input type="checkbox"/> metal</div> <div style="width: 33%;"><input type="checkbox"/> plastic</div> <div style="width: 33%;"><input type="checkbox"/> other: _____</div> </div>

### C. WASTE HANDLING & STORAGE AREAS

(1)	Are the wastes in each area being properly managed? [Yes = <input checked="" type="checkbox"/> ; No = <input type="checkbox"/> <input type="checkbox"/> MSW <input type="checkbox"/> ash <input type="checkbox"/> C&D <input type="checkbox"/> regulated medical <input type="checkbox"/> certified waste derived products <input type="checkbox"/> tires <input type="checkbox"/> commercial <input type="checkbox"/> metal <input type="checkbox"/> contaminated soil <input type="checkbox"/> food <input type="checkbox"/> other: _____
(2)	Are the following bypass wastes properly managed? [Yes = <input checked="" type="checkbox"/> ; No = <input type="checkbox"/> <input type="checkbox"/> asbestos <input type="checkbox"/> electronics <input type="checkbox"/> batteries <input type="checkbox"/> antifreeze <input type="checkbox"/> motor oil <input type="checkbox"/> fluorescent bulbs <input type="checkbox"/> metal <input type="checkbox"/> plastic <input type="checkbox"/> other: _____
(3)	Are stockpiles located, sized and configured: <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span> <input type="checkbox"/> to be stable <input type="checkbox"/> to provide access for fire control <input type="checkbox"/> to prevent physical injury/destruction of property <input type="checkbox"/> to prohibit precipitation from collecting in the area <input type="checkbox"/> to prevent fire <input type="checkbox"/> to prevent ground/surface water contamination
(4)	Are the quantities of waste stored on-site within limits established in the facility's permit? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span> [If no, specify which waste(s): _____, _____, _____].
(5)	Are these areas managed in a manner that is safe and protective of the environment and public health? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span> [If no, specify which waste(s): _____, _____, _____].
(6)	Are putrescible wastes properly managed? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span>
(7)	Are recyclables being managed to preserve their market value? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span> [If no, specify which waste(s): _____, _____, _____].
(8)	Are legible signs used to delineate each area? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span>
(9)	Is access to non-public areas adequately restricted by the use of signs and/or barriers <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span>
(10)	Does the facility contain any wastes for which it does not have arrangements for removal to an authorized facility? [which waste(s) are being removed: _____, _____, _____] <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span>
(11)	Other:
(12)	Other:

### D. GENERAL OPERATIONS

(1)	Do the roads and access ways allow for safe movement of residential, light commercial and bulk transport vehicles, and people into and throughout the facility? [Circle the appropriate vehicle type] <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span>
(2)	Are roads and access ways suitable for residential and bulk transport vehicles? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span>
(3)	Is unauthorized access adequately restricted to non-public areas? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span>
(4)	Are legible signs posted at the facility's entrance? [Information provided = <input checked="" type="checkbox"/> ; No = <input type="checkbox"/> <input type="checkbox"/> name <input type="checkbox"/> permit # <input type="checkbox"/> phone # <input type="checkbox"/> permittee address <input type="checkbox"/> facility hours <input type="checkbox"/> waste types <input type="checkbox"/> unlawful dumping statement



(3)	Is there a copy of the facility's Closure Plan on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(4)	Have there been any reportable incidents at the facility in the past year? [Yes = <input checked="" type="checkbox"/> ; No = <input type="checkbox"/> <input type="checkbox"/> slip/trip/fall <input type="checkbox"/> spill <input type="checkbox"/> fire <input type="checkbox"/> other: _____	
(5)	Has the permittee provided incident reports to the Department?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(6)	Have there been any complaints made by abutters or others involving facility operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(7)	Has the permittee provided complaint reports to the Department?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(6)	Does the permittee maintain records at the facility? [Yes = <input checked="" type="checkbox"/> ; No = <input type="checkbox"/> <input type="checkbox"/> operations <input type="checkbox"/> incidents <input type="checkbox"/> complaints <input type="checkbox"/> other: _____	
(7)	Does the facility have a scale? If not, how is volume or weight determined?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(8)	Source(s) of waste accepted? [Yes = <input checked="" type="checkbox"/> ; No = <input type="checkbox"/> <input type="checkbox"/> residential <input type="checkbox"/> commercial <input type="checkbox"/> in-state only <input type="checkbox"/> out of state <input type="checkbox"/> other: _____	
(9)	Does the permittee maintain records of out of state wastes managed at the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(10)	Has the permittee filed its annual facility report for the prior calendar year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(11)	Does the permittee maintain records on the quantity, type, source and destination for the following: [Yes = <input checked="" type="checkbox"/> ; No = <input type="checkbox"/> <input type="checkbox"/> Freon <input type="checkbox"/> bypass waste <input type="checkbox"/> residual waste <input type="checkbox"/> other: _____	
(12)	Other:	
(13)	Other:	

G. NOTES/COMMENTS	